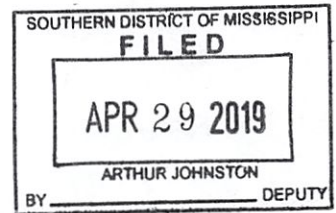


FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

COMPLAINT



Teague (25987)
(Last Name) (Identification Number)
Tony Dwayne
(First Name) (Middle Name)
George County Regional Correctional Facility
(Institution)
154 Industrial Park Rd. Lumberton Ms. 39452
(Address)
(Enter above the full name of the plaintiff, prisoner and address
of plaintiff in this action)

V.

CIVIL ACTION NUMBER: 1:19cv254 LG RHW
(to be completed by the Court)

Bobby C. Fairley (Warden)
John Moran (Captain)

(Enter the full name of the defendant(s) in this action)

GENERAL INFORMATION

- A. At the time of the incident complained of in this complaint, were you incarcerated?
Yes (☒) No (☐)
- B. Are you presently incarcerated?
Yes (☒) No (☐)
- C. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?
Yes (☐) No (☒)
- D. Are you presently incarcerated for a parole or probation violation?
Yes (☐) No (☒)
- E. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?
Yes (☐) No (☒)
- F. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?
Yes (☐) No (☒)

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank.)

I. Name of plaintiff: Tony Dewayne Tesque Prisoner Number: 25987

Address: GCCF-K-Zone 154 Industrial Park Rd. Lucedale Ms, 39452

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions and places of employment of any additional defendants.)

II. Defendant: Bobby C. Fairley is employed as Warden

at George County Correctional Facility
John Moran - Captain - George County Correctional Facility

The plaintiff is responsible for providing his/her address and in the event of a change of address, the new address of plaintiff as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF:

NAME:

Tony Dewayne Tesque

ADDRESS:

GCCF-K-Zone 154 Industrial Park Rd. Lucedale Ms 39452

DEFENDANT(S):

NAME:

Bobby C Fairley

ADDRESS:

GCCF 154 Industrial Park Rd Lucedale Ms 39452

John Moran

GCCF 154 Industrial Park Rd Lucedale Ms 39452

OTHER LAWSUITS FILED BY PLAINTIFF

NOTICE AND WARNING

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any lawsuits in a court of the United States? Yes () No (✓)
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse of this page or additional sheets of paper.)

CASE NUMBER 1.

1. Parties to the action: _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket Number: _____
4. Name of judge to whom case was assigned: _____
5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?) _____

CASE NUMBER 2.

1. Parties to the action: _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket Number: _____
4. Name of judge to whom case was assigned: _____
5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?) _____

STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet(s) if necessary).

On 2-28-19, I Terry Terquell was placed in segregation at the George County Correctional Facility and fed a loaf of food for 26 days after falling down coming out of the shower area. I was taken to the George County Hospital and given 3 shots and 2 prescriptions.

I was not afforded with any notice for any rule infraction, and I was informed by medical staff that they had nothing to do with my being placed in segregation. I was not allowed to use the phone, to contact my attorney or my family for 26 days. Per, Capt. John Moran, and Warden and I was not allowed to eat before Terry's of food, I was given a loaf of food fairly.

Witness of my fall in the shower on 2-28-19, Ryan Holland, Donald Jones, Billy Joe Stewart, Capt Moran dropped me on the floor while picking me up. RELIEF Place me on the gurney. note I had Nero Sengerly on 5-25-18 I had 3 disk removed from my back.

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

1. Punitive Damages \$500,000
2. Double portions for 26 days of regular food.
3. Warden Bobby C. Fairly as well as Capt. John Moran Be suspended without pay for 26 days and a copy be placed in there permanent file.

Signed this 18 day of April, 20 19.

I declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.

X Terry Terquell
Signature of plaintiff